

AN ACT

ENTITLED, An Act to establish and revise certain provisions relating to South Dakota Retirement System disability benefits.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. That chapter 3-12 be amended by adding thereto a NEW SECTION to read as follows:

A member's disability allowance shall terminate one year after the earliest of the following:

- (1) The member no longer is disabled;
- (2) The member no longer is subject to the medical condition that caused the disability;
- (3) The member refuses to undergo a medical examination requested by the system for the purpose of reviewing the medical condition that caused the disability;
- (4) The member returns to continuous employment in the position the member held prior to becoming disabled; or
- (5) The member returns to continuous employment in a position of comparable level to the position the member held prior to becoming disabled.

However, a member's disability allowance shall terminate immediately if the member's disability allowance is converted to a service retirement allowance pursuant to § 3-12-103.

Section 2. That § 3-12-141 be amended to read as follows:

3-12-141. No application for disability benefits under this chapter may be determined until the employer has certified to the system that, within the employer's understanding of the member's medical condition and the employer's knowledge of the member's employment requirements and duties, the employer is unable to provide either effective accommodations to the member in the member's current position or comparable level employment in another position to the member.

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I certify that the attached Act
originated in the

SENATE as Bill No. 10

Secretary of the Senate
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President of the Senate

Attest:

Secretary of the Senate

Speaker of the House

Attest:

Chief Clerk

Senate Bill No. 10
File No. _____
Chapter No. _____

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Received at this Executive Office
this _____ day of _____ ,

20____ at _____ M.

By _____
for the Governor
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The attached Act is hereby
approved this _____ day of
_____, A.D., 20____

Governor
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STATE OF SOUTH DAKOTA,
ss.

Office of the Secretary of State

Filed _____ , 20____
at _____ o'clock __ M.

Secretary of State

By _____
Asst. Secretary of State